**Apprentice/Trainee Request to Change Travel Booking Form**

**CX071101**

This form must be completed by any Apprentice/Trainee and their employer who requires a change/amendment to their travel booking. Students/Employers must be aware of the following:

* Students who make changes to travel bookings for personal reasons are responsible for any costs associated with booking changes. By signing this request, you are accepting the associated cost will be transferred to your Student Account for payment.
* Employers who request a change to travel will be responsible for any costs associated with the booking change.
* Where the change is initiated by South Metropolitan TAFE, and beyond the control of the student, South Metropolitan TAFE will accept the costs of the change; however, this request for change must be signed by delegated authority to confirm South Metropolitan TAFE’s requirement for the travel booking change.
* **Email:** [apprenticetravel@smtafe.wa.edu.au](mailto:apprenticetravel@smtafe.wa.edu.au) **Enquiries: 1300 932 677**

**APPRENTICE/TRAINEE DETAIL**

Apprentice/Trainee Name: Student ID:

Residential Address:

Residential Suburb: Post Code:

Residential Contact Numbers: Ph: \_\_\_\_\_\_\_\_\_\_ Mob:

**ORIGINAL TRAVEL BOOKING DETAILS**

Type of Travel Required: 🞏Bus/Rail 🞏Air Flight Reservation Code: e.g. BRM/PER/BRM

Departure Date: Day: Date:

Return Date: Day: Date:

**TRAVEL BOOKING REQUESTED**

Reason for Change: 🞏 Personal

🞏 Employer Request

🞏 Medical/Exceptional Circumstances – Evidence required

🞏 College Change – Appropriate signatory required (see below)

New Departure Date: New Return Date:

*Advice of costs incurred with travel booking changes will be provided once changes are confirmed.*

**APPRENTICE/EMPLOYER CONFIRMATION:**

**Apprentice/Trainee:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Employer:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_